

(Report total also on Summary of Schedules)

Schedule F (2)

AMENDED UNSECURED NONPRIORITY CLAIMS (sched F)

KENNETH S. GARDNER, CLERK
PS REP. - A

KENNETH S. GARDNER, CLERK
UNITED STATES BANKRUPTCY COURT

Creditors Name	Code	Account #	Mailing Address	Date Claim Incurred	Amount of Claim
US Bank Visa	x	4833491000193272	PO Box 790408 - St. Louis MO 63179 - 0408	2001-2003	\$ 7,000.00
Discover Financial Services	x	6.0113E+15	PO Box 15255 - Wilmington, DE 19888-5255	2004	\$ 12,000.00
Chase Bank	x	4.22661E+15	Cardmember Services, PO Box 15153 - Wilmington, DE 19886-5153	2003 - 2004	\$ 12,500.00
Illinois Collection Services / Alexian Brothers	x	7786618	PO Box 646 Oak Lawn, IL 60454-0646	2004	\$ 350.00
Northwest Community Hospital (c/o Pellettieri & Associates)	x	3009969	991 Oak Creek Drive, Lombard, IL 60148-6408	2004	\$ 720.00
Northwest Community Hospital (c/o CB Accounts, Inc)	x	40434852	PO Box 95698- Chicago, IL 60694-5698	2004	\$ 210.00
Northwest Community Hospital	x	40767380	800 W. Central Rd. Arlington Heights, IL 60005	2005	\$ 15.00
Transworld Systems, Inc/ Dermatology Associates	x	38429-0012634167	25 Northwest Point Blvd #750 Elk Grove Village, IL 60007	2005	\$ 120.00
DHL Delivery Service (c/o Snyder Resource Group)	x	545383	PO Box 63247, north Charleston, SC 29419-3247	2005	\$ 550.00
Nieman Marcus	x	04 4870 99137 7	PO Box 620016 - Dallas, TX 75262 - 0016	2004	\$ 5,000.00
Nordstrom	x	827 63 135	PO Box 79137, Phoenix, AZ 85062-9137	2004	\$ 3,000.00
Saks Fifth Avenue	x	32-305-682	PO Box 17157 - Baltimore, MD 21297	2004	\$ 1,000.00
Bailey & Bailey			20 N. Clark Street, Suite 3600, Chicago, Illinois 60602	2004	\$ 5,000.00
Robbins Saloman & Platt					\$ 2,000.00
Comcast		010910000087981010 89982526-00	PO box 3002 Southeastern, PA 19398-3002	2005	\$ 300.00
Northwest Memorial Hospital		75553065-001	PO Box 73690 Chicago, IL 60673-7690	2005	\$ 350.00
Northwest Memorial Hospital		77828697-001	PO Box 73690 Chicago, IL 60673-7690	2005	\$ 8,500.00

Schedule F (2)

AMENDED UNSECURED NONPRIORITY CLAIMS (sched F)

Creditors Name	Codebtor	Account #	Mailing Address	Date Claim Incurred	Contingent	Unliquidated	Disputed	Amount of Claim
Northwest Medical Faculty Foundation		32-63817-0 / 1622059	PO Box 75494, Chicago, IL 60675-5494 / Revenue Production Management PO Box 925 Rosemont, IL	2005			\$	300.00
Northwest Medical Faculty Foundation		34-13073-0 / 17160771	PO Box 75494, Chicago, IL 60675-5494 / Revenue Production Management PO Box 925 Rosemont, IL	2005			\$	155.00
Northwestern Medical Faculty Foundation, Inc		3-08191838	PO Box 75494, Chicago, IL 60675-5494	2005			\$	726.00
Humana Insurance		300060302	PO Box 14610, Lexington, KY 40512-4610	2005			\$	219.00
Northwestern Memorial Hospital		80238264-001 / 101978961	PO Box 73690 Chicago, IL 60673-7690	2005			\$	2,000.00
Northwestern Memorial Hospital		000075553065-001	PO Box 73690 Chicago, IL 60673-7690	2005			\$	326.00
Northwestern Medical Faculty Foundation, Inc/ Revenue Production Management		17358834 / 34-48839-0	PO Box 75494, Chicago, IL 60675-5494 / Revenue Production Management PO Box 925 Rosemont, IL 60018-0925	2005			\$	1,200.00
Unicare Small Group Services x		301983	PO Box 5017, Bolingbrook, IL 60440-5017	2005			\$	7,000.00
Northwestern Medical Faculty Foundation, Inc/ Revenue Production Management	x	15532043	PO Box 75494, Chicago, IL 60675-5494 / Revenue Production Management PO Box 925 Rosemont, IL 60018-0925				\$	100.00

SUBTOTALS (F2)	\$	70,641.00
SUBTOTAL (F1)	\$	184,971.65
TOTAL DEBT	\$	255,612.65

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(6/90)

Case 05-61538 Doc 15

Filed 02/27/06 Entered 02/28/06 09:21:00

Document

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Schedules

In re

Hasan M. Elkhatib
Debtor

Case No.

05-61538

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Maysoon M. Elkhatib

119 Rue Jardin
Deer Park, IL 60010

see attached list H(1)

see schedules F (2)